
POM 912**Loss Prevention
Diversion**

Diversion

In the Pharmacy, diversion occurs when legally manufactured and distributed pharmaceutical drugs are redirected, usually through unlawful means, to individuals who have no right to possess or use them. Diversion in the Pharmacy is most commonly associated with over-the-counter and prescription drug products.

Pharmacy diversion can result from both internal theft (by Associates) and external theft (by Customers).

One form of diversion occurs when legitimate pharmacy substances are diverted from their lawful purposes into illegal drug traffic. The abuse of legitimately prescribed medication (Prescription Drug Abuse or PDA) is also a form of diversion.

**Identifying
Prescription
Fraud**

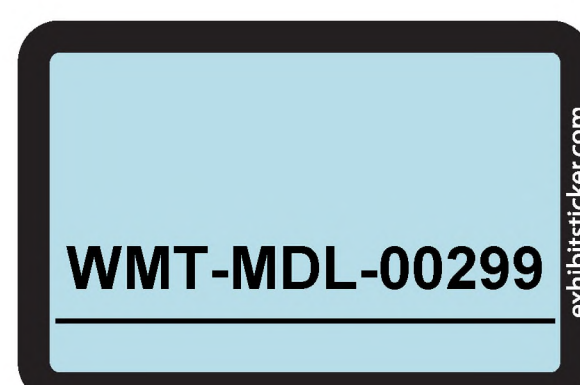
One of the ways that Patients seek to divert medication is through prescription fraud. This may be done by altering a legitimate prescription, deceiving insurance coverage limits, or attempting to fill forged prescriptions.

Note: Follow the procedures outlined in **POM 1703, Standard Practices-Forged or Altered Prescription Procedure**, when acting upon a potential fraudulent prescription. Failure to do so is a violation of Company procedure and is subject to disciplinary action up to and including termination.

The following indicators can help identify prescriptions that may be fraudulent:

Inconsistencies on Prescription Hard Copy

- Prescription is written for unusually high dosages or quantities; or Patient's regularly filled dosage largely increases. (Use professional judgment and knowledge to identify prescriptions written for unusual dosages and quantities. Use the Patient's prescription history to determine if the dosage suddenly increases.)
- Prescription is written for opposing therapy drugs, such as depressants and stimulants, at the same time.



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Identifying Prescription

Fraud (Cont'd)

Inconsistencies on Prescription Hard Copy (Cont'd)

- Prescription is written in pencil, or several different colors of ink. (The Prescriber should use the same color ink to write all parts of the prescription or notes.)
- Lack of standard abbreviations; every word written out completely. (Medical professionals generally use standard abbreviations when writing legitimate prescriptions. Be aware if the quantity, medication name or instructions for the patient have been written out in full or incorrect usage of medical jargon and abbreviations that do not match the normal use of the medication.)
- Prescription appears to be photocopied, scanned, or modified:
 - * Name and office information appears off-center.
 - * Spots or creases in the original that was copied are appearing as black streaks on the page.
 - * Paper too smooth, no indentations from the pen pressing on the paper.
 - * No perforations or residual glue at the top of the script, which is usually evident when torn from a script pad.
 - * Part of the signature is cut off, such as the bottom of a 'Y' or 'J' that fell outside of the copy border.
 - * Toner dust rubbing off or smudging the page.

Unusual Patient Behavior

- Patient is willing to pay full cash price instead of using insurance or attempts to work around the day supply and quantity limits imposed by most insurance carriers.
- A number of Patients appear simultaneously, or within a short period of time, all bearing similar prescriptions from the same Prescriber.
- Patient exhibits suspicious behavior.

Continued ⇒

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**Identifying
Prescription****Fraud (Cont'd)****Unusual Patient Behavior (Cont'd)**

- Many Patients who visit the Pharmacy are being treated for an illness, so the way they act may not indicate anything other than they are not feeling well. However, the following behaviors are often associated with someone who is trying to obtain medication with a fraudulent prescription:
 - * Unusually anxious, out of proportion to the situation.
 - * Unusually impatient for prescription to be filled.
 - * Attempting to rush their prescription through ahead of others.
 - * Attempts to persuade Pharmacy Associates not to verify the prescription with the Prescriber.
 - * Drops off the prescription just before closing and pressures Pharmacy Associates to rush it through.
 - * Arrives within minutes of a prescription being called in by the Prescriber's office. It may mean they called in themselves.
 - * The verification callback number is not Prescriber's office number.

**Responding to
a Fraudulent
Prescription**

Once a potentially fraudulent prescription has been identified, the procedures outlined in POM 1703, Standard Practices – Forged or Altered Prescription Procedure, **must** be followed for verifying the prescription as fraudulent, dealing with the Patient, and contacting law enforcement.

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Controlling Pharmacy Diversion

Pharmacy Associates are expected to assist in preventing diversion in the Pharmacy. Use the following best practices to prevent diversion situations:

Best Practices to Prevent Diversion	
	• Watch for potential prescription fraud.
	• Check deliveries against invoices using procedures in POM 807.
	• Monitor Pharmacy access and maintain security measures.
	• Secure CII Controlled Substance Storage area at all times. Secure the CII order immediately upon receipt.
	• Adhere to procedure for Dispensing Controlled Substances in POM 903.
	• Review CII Controlled Substance Perpetual Inventory (PI); PIC should review invoices for days they were off duty.
	• Enforce procedures in POM 201 regarding personal items in the Pharmacy.
	• Ensure Pharmacy Associates and Parent Facility Associates are aware of methamphetamine issues and current company policy regarding the sale and return of pseudoephedrine-containing products.
	• Prevent staging (placing a product in a location where it can be more easily diverted later, by either the same person or an accomplice) by using only clear trash bags and keeping the pharmacy neat, organized and free from clutter.
	• Pharmacy smocks should not leave the Pharmacy area (including breaks), and Associates should empty smock pockets <i>before</i> taking smocks home for laundering.
	• Associate purchases are to be kept in lockers or in vehicles. Pharmacists may not keep bags of personal purchases in the Pharmacy area.
	• Ensure adequate security is in place for controlled substance returns prior to shipping, including the Division 1 claims area.
	• Ensure CCTV systems are maintained and operational at all times. Cameras should be always recording and tapes maintenance should be at a minimum 30-day cycle.
	• Ensure all Pharmacy Associates have completed the <i>Rx Inventory Control CBL</i> courses.

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How to Conduct a Diversion Meeting

All Pharmacy Associates have a role in identifying and preventing diversion. The first step is to make sure everyone understands the issue and how each Associate can help.

- Educate all Associates about diversion controls as a part of the regular training program in the Pharmacy.
- A meeting with all Pharmacy Associates is **required** after diversion occurs in the Pharmacy. If a Diversion investigation has been initiated, the meeting cannot be held until the conclusion of that investigation.

Diversion Meeting Checklist	
	Schedule the meeting for a time when the entire staff can attend.
	Open the meeting with a brief explanation of why a meeting was scheduled and what diversion is.
	Avoid giving any specifics of what was diverted or how it was discovered.
	Emphasize that this meeting is not meant to accuse anyone.
	Outline the need for all Associates to take ownership for the Pharmacy's reputation in the community.
	Review the <i>Best Practices to Preventing Diversion</i> outlined earlier in this document.
	Open the meeting up for comments and questions from the group.
	Thank everyone for making time to attend the meeting and remind them that the discussion is confidential.

Scheduling the Meeting:

The entire staff (OTC Associates, Pharmacists, Cashier and Technicians) must attend the diversion meeting. More than one meeting may be needed in order to accommodate everyone's schedule. All hourly Associates are to be "on the clock" for all meetings. Invite Loss Prevention and Parent Facility Management to sit in on the meeting for support.

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How to Conduct a Diversion Meeting (Cont'd)

Reason for the Meeting:

Open the meeting by briefly explaining what diversion is and that it has occurred in their Pharmacy Department but do not be specific. A suggested way to this is to say, "We have realized losses of prescription medications." Do not name the specific drugs or quantities. Avoid mentioning what investigative methods were used to discover the problem and never talk about who are (or were) potential suspects. Mentioning that Wal-Mart Corporate conducts audits on both controlled and non-controlled substances is acceptable.

Respect for the Individual:

Remember to maintain "Respect for the Individual" throughout the entire meeting. Emphasize that this meeting is not meant to accuse anyone. Be sure to establish that the majority of our Associates are honest and trustworthy.

Pharmacy Team & Reputation:

Explain the team concept of the Pharmacy Department, and why it is important for all Associates to take ownership for their Pharmacy. They need to know that for each of them "It's My Wal-Mart Pharmacy" and that diversion has a negative impact on the Pharmacy's reputation in the community. It is essential that all Pharmacy Associates recognize the importance of their individual reputation as a Pharmacy Associate, and how the staff's collective reputation is perceived in the community.

Use the following talking points:

- Everyone is responsible for identifying and preventing diversion.
- Everyone can make a difference:
 - * Keep the Pharmacy open and profitable.
 - * Wal-Mart stock value increases with good reputation.
 - * Protect public health.
 - * Be an ethical health care professional.

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**Loss Prevention
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**How to
Conduct a
Diversion
Meeting
(Cont'd)****Best Practices:**

Review the Best Practices, outlined earlier in this document, with Pharmacy Associates. This should be a significant part of the meeting. Encourage Associates to ask questions or make comments if they are unsure on how to implement the diversion controls.

Note: Do not discuss investigative techniques or potential suspects with Pharmacy Associates.

Group Discussion:

A successful meeting will include participation by all Pharmacy Associates. Encourage comments and questions and mention Wal-Mart's "Open Door" philosophy. Facilitate the open door discussion by asking questions such as:

- What questions do you have about the Best Practices we just reviewed?
- What are some concerns you have about diversion in our department?
- What are some steps we can take to make our department even more secure and efficient?
- Are there any operational issues or Pharmacy policies that we seem to be inconsistent with? What do you think is causing these inconsistencies?
- What can we do better overall?

Closing the Meeting:

Thank all of the Associates for taking the time to participate in the discussion of this opportunity to improve. Remind them that diversion is a sensitive issue and reinforce the importance of keeping the information discussed within the Pharmacy Department confidential.